

Case Number:	CM13-0017918		
Date Assigned:	03/12/2014	Date of Injury:	02/21/2013
Decision Date:	05/07/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male who reported an injury on 02/21/2013 while moving a washing machine down a flight of stairs. The current diagnosis is post-traumatic osteoarthritis of the right knee and medial meniscal tear. The injured worker was evaluated on 07/26/2013. The physical examination revealed quadriceps weakness, patellofemoral crepitation and effusion, and tenderness to the medial collateral ligament area. Treatment recommendations included the continuation of Anaprox DS, Ultracet ER and Norco 2.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE USAGE OF NAPROXEN SODIUM 550MG, #120 (DOS: 7/25/13):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment

after acetaminophen. There was no evidence of long-term effectiveness for pain or function. The injured worker has utilized Anaprox DS 550 mg since 05/2013. Despite the ongoing use of this medication, the injured worker continues to report severe pain. As the guidelines only recommend NSAIDs as an option for short-term relief, the current request cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.

RETROSPECTIVE USAGE OF TRAMADOL 150MG, #120 (DOS: 7/25/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized this medication since 05/2013. Despite ongoing use, the injured worker continues to report severe pain. A satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

RETROSPECTIVE USAGE OF HYDROCODONE/ACETAMINOPHEN 2.5/.25MG, #180 (DOS: 7/25/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized this medication since 05/2013. Despite ongoing use, the injured worker continues to report severe pain. A satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.